

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/588082 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3		2					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10		(1)	C	C			60						
11		(1)					61						
12		(1)					62						
13		(1)					63						
14		(1)					64						
15		(1)					65						
16		(1)					66						
17		(1)	C	C			67						
18							68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1				2								
TOTAL DEP.	17				19								
TOTAL CLAIMS	18				21								